2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
05-10-2000 90098 011 ***150.00

DOCUMENT # P97000032569

1. Entity Name

MAGELLAN BIOSCIENCE GROUP INC.

655440

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
12085 RESEARCH DR ALACHUA FL 32615 US	6286 17TH ST SOUTH ST PETERSBURG FL 33712-5701 US

2. Principal Place of Business	3. Mailing Address
6286 17th St. S	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State
Zip: 33712 Country: USA	Zip Country

4. FEI Number 59-3464958 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIAU, TODD R
6286 17TH ST SO
ST PETERSBURG FL ~~33705~~ 33712

4/28/2000

Attempted to file on website: www.sunbiz.org would not take debit card as directed ???

JC

...w Registered Agent

...able)

FL Zip Code

8. The above named entity submits this statement for the purpose of ch... of Florida.

SIGNATURE _____ 4/28/2000
Signature, typed or printed name of registered agent and title if applicable — DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ Fl... After ... Make Ch...

...n Financing ...bution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS ... OFFICERS AND DIRECTORS IN 11

TITLE	PD		☐ Change ☐ Addition
NAME	DAVIAU, TODD R		
STREET ADDRESS	6286 17TH ST SOUTH		
CITY-ST-ZIP	ST PETERSBURG FL 33705		
TITLE	VP		☐ Change ☐ Addition
NAME	CRONAN, JOHN M		
STREET ADDRESS	4448 ASHMONT COURT		
CITY-ST-ZIP	JACKSONVILLE FL 32258		
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/28/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #